MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

| SERIAL NO. | FILING DATE | | | |
|--------------|-------------|--|--|--|
| APPLICANT(S) | | | | |

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL CONST. CONT. | DEP. | | | | | L | |
| CLAIMS 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | TOTAL CLAIMS | | \$ 180° | | 14.87 | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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